## **Best Available**

epolication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS						·		RATE	FEE	OR	RATE	FEE
FOR		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			30 minus 20=		· 10			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			₩ minus 3 =		*	1		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	/
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART					T II						OTHER	
(Column 1)				(Colur		(Column 3)	٠.	SMALL	NTITY	OR	SMÁLL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus .	** /	9	=		X\$ 9=		OR	X\$18=	•
	Independent	1 3 NTATION OF M	Minus JATIPLE DEPENDENT			=		X40=		OR	X80=	
	FINOT PRESE	NIATION OF MI	JLIIPLE DEP	ENDEN	CLAIM	- <b></b>	<b>'</b> [	+135=	,	OR	+270=	į
. • .				-				TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Colum					(Column 3)	_ ′				, 22	
AMENDMENT B	· · ·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	· · · · · · · · · · · · · · · · · · ·	=	$\rfloor \rfloor$	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	=	1	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MIC	LIPLE DEP	ENDENT	CLAIN		<b>,</b> [	+135=		OR	+270=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	<b> </b>	X40=			X80=	-
Ù	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		<b>』</b> ├			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE ADDIT. FEE												
		nber Previously Pai					er fou	nd in the app	ropriate box	in col	umn 1.	